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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[ethics.kansas.gov](http://ethics.kansas.gov)

This is an (Check one) ☒ **Initial Appointment** ☐ **Amended Statement**

**Candidate** Candidate Name: **Blaine Finch**

Address: **5 SW Fairview Drive**

Address2:

City: **Ottawa** Zip: **66067**

Home Phone: **(785) 242-3343** Business Phone: **(785) 242-6400** Cell Phone:

County: **Franklin** Email Address: **blainefinch@gmail.com**

Office Sought: **State Representative** District No.: **59**

**Treasurer** Date Appointed: **05/10/2019**

Treasurer Name: **Mike Brown**

Address: **227 S. Main St.**

Address2:

City: **Ottawa** State: **KS** Zip: **66067**

Home Telephone: Business Phone: **(785) 242-6200** Cell Phone:

Email Address: **mikebrown@gdr CPA.com**

**Candidate** Date Appointed:

**Committee** Chairperson's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Date Appointed:

Treasurer's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **5/14/2019 10:01:48 AM** Signature of Candidate: **Blaine Finch**

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**Candidate** Candidate Name: **Blaine Finch**  
Address: **5 SW Fairview Dr**  
Address2:  
City: **Ottawa** Zip: **66067**  
Home Phone:    Business Phone: **(785) 242-6400** Cell Phone:  
County: **Franklin** Email Address: **blaine@greenandfinch.com**  
Office Sought: **State Representative** District No.: **59**

**Treasurer** Date Appointed: **06/11/2012**  
Treasurer Name: **Robert Greenfield**  
Address: **4146 Louisiana Terrace**  
Address2:  
City: **Ottawa** State: **KS** Zip: **66067**  
Home Telephone: **(785) 242-2950** Business Phone: Cell Phone:  
Email Address: **bobkathy.greenfield@gmail.com**

**Candidate** Date Appointed:  
**Committee** Chairperson's Name:  
Address:  
Address2:  
City:    State:    Zip:  
Home Telephone:    Business Phone:    Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
Address2:  
City:    State:    Zip:  
Home Telephone:    Business Phone:    Cell Phone:

Email Address:

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **7/10/2017 12:06:40 PM** Signature of Candidate: **Robert W Greenfield Treasurer**

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